

**Date:** [Current Date]

**To:**

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

**RE: SECOND NOTICE - PAST DUE PREMIUM**

**Policy Number:** [Policy Number]

**Past Due Amount:** [Amount Due]

**Original Due Date:** [Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your Workers' Compensation insurance premium, despite our previous notice sent on [Date of First Notice].

Your account is now significantly past due. To ensure that your coverage remains active and to avoid any interruption in protection for your employees, please submit the total amount due of **[Amount Due]** immediately.

Failure to provide payment by **[Final Deadline Date]** may result in the formal cancellation of your policy. Please note that maintaining Workers' Compensation insurance is a legal requirement for most employers.

**Payment Options:**

- **Online:** Visit [Website URL] to pay via credit card or e-check.
- **By Mail:** Send your check to [Mailing Address].
- **By Phone:** Call our billing department at [Phone Number].

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your invoice, please contact us immediately at [Phone Number].

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Contact Information]